## BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM  SERIAL NO.  FILING DATE														
FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								APPLICA	<u>568,</u>	830	2-22-06			
<b> </b>	<u> </u>	(FOR U	DE WITH	FURM .	r 1 O-875		CLAIM		141(9)			***********		
	AS FILED		AFTER		AFTER		DAIN	1.5	AC DIT ED		AFTER		AFTER	
	IND. DEP.		I"AMENDMENT  IND. DEP.		IND. DEP.				AS FILED		1" AMENDMENT		2 <sup>™</sup> AMENDMENT	
1	IND.	DEI.	III.	DEF.	IND.	DEP.		51	IND.	DEP.	IND.	DEP.	IND.	DEP.
$\frac{2}{3}$	<u> </u>							52						
4								53 54				<del> </del>	ļ	
5				1				55						
7								56 57					ļ ———	<del> </del>
8 9								58 59						
10 11								60						
12								61 62						
13 14								63						
15				1				64 65						
$\frac{16}{17}$				7			ļ	66				·		
18							}	67 68						
19 20		···					- [	69						
21							ł	70 71						
22							F	72 73						
24 25							E	74						
26							}	75 76						
27 28								77						
29							}	78 79						
30 31							ļ	80						
32							ŀ	81 82						
33 34							-	83						
35							ŀ	84 85						
36 37							F	86						
38							Ŀ	87 88			-+			
39 40							-	89 90						
41 42								91						
43							-	92 93						
44 45								94						
46						——	}	95 96		<b>T</b>	$\Box$			$\Box$
47	<b></b> T							97						
49							-	98 99				<b>-J</b>		
50 TOTAL								100						
IND. TOTAL		*		₩		₩		TOTAL IND.		+		#		+
DEP.		<del>-</del>	17	<del>(</del>		<del>(</del>		TOTAL DEP.		<b>←</b> 「		<b>6</b> [		<b>+</b> 1
TOTAL CLAIMS			18					TOTAL						
PTO - 1360	(REV. 11/04)								U.	S. DEPARTM	ENT of COM	IMERCE		
									- Pa	itent and Trac	emark Office			